

Takoma Park Recreation Department Authorization for Medication

Medication Procedures (Please read and follow all instructions carefully)

- Since Department personnel are not health professionals with training in medication administration, **participants must be able to self-administer medications. The parent must train the child or teen to identify his/her medication container by attaching an identifiable picture, if necessary, and the dosage amount to be taken.** The program staff will oversee the child or teen as he. She self- administers the medication to ensure that the medication is taken at the designated time(s) and that it is administered correctly by the child or teen.
- Exceptions to this procedure are as follows: Program staff will administer an Epi-pen or Epi-pen Jr., and then call the rescue squad, regardless of whether the child or teen exhibits any symptoms. If the physician's order includes a repeat injection, the parent must supply a second Epi-pen or Epi-pen Jr.
- If it is necessary for a child or teen under the age of 18 to take over-the-counter or prescribed medication during program hours, his/her authorization for medication form must be completed in full by the physician and signed by the parent or guardian.
- The child or teen must have taken the medication at least once without negative reaction before bringing it to the program.
- A parent is expected to hand deliver all medication to the Program Director along with this form, unless the child or teen is authorized by the parent and physician to carry the medication and the form.
- All medications must be brought to the program in the original pharmaceutical container and labeled with the child or teen's name, medication dosage and schedule. If the child or teen is a non-reader, his/her picture or an identifiable sticker must be attached.
- Only the exact amount of medication should be delivered to the program. If the parent sends more than the specific quantity and does not collect the unused medication within one week after the program has ended, the department will destroy the unclaimed medication.
- All measuring utensils used for administering medications must be labeled with the child's or teen's name on the utensil and brought in with the medication. All half dosages must be split prior to the program.
- A parent must submit a new authorization form whenever there is a change in the dosage or medication.
- The Department will not knowingly allow anyone to take either prescription or over-the-counter medication during program hours without a completed authorization form on site.
- The Program Director will store the medication in a secured, non-refrigerated area that is accessible only to authorized personnel. Exceptions will be made in extenuating circumstances only if permission is given by the child or teens parent by a physician for the child or teen to carry the medication during program hours.

Authorization for Medication

Authorization for Medication for: _____
(Name of child or teen)

1. Physician authorization for Medication

Authorization for Medication

Condition: _____

Medication: _____

Dosage and schedule during program hours: _____

Special instructions: _____

Side effect: _____

Duration of Order (not to exceed current program): **Asthma Inhaler**

- ☐ Asthma Inhaler Name of asthma inhaler medication
#1: _____

Instructions: _____

- ☐ Asthma Inhaler Name of asthma inhaler medication
#2: _____

Epinephrine Injection

Give the injection indicated below immediately after report of exposure to: _____

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- ☐ Epi-pen (give in pre-measured dose of 0.3 mg epinephrine 1:1000 aqueous solution or 0.3 cc.)
☐ Epi-pen Jr. (give in pre-measured dose of 0.15 mg epinephrine 1:2000 aqueous solution or 0.3 cc.)
☐ Repeat dose of epinephrine in 15 minutes, if the rescue squad has not arrived,
(Must supply a second pre-measured injection)

Authorization for the Child or Teen to Carry and Self-Administer Medication

- ☐ The above named child or teen may carry this medication with him/her during recreation hours. He/she has received adequate information on how and when to use this medication, and I believe he/she can safely carry and self-administer it.

Physician Signature: _____ Date: ____/____/____

2. Parent Authorization for Medication

Authorization for Medication _____
(Name of child or teen)

Check each box that applies:

- ☐ I authorize my child to take the medication as directed by his/her physician.
- ☐ I authorize my child to carry and self-administer medication during program hours as directed by his/her physician.
- ☐ I authorize Recreation Department personnel to administer and Epi-pen or Epi-pen Jr. for my child as directed by his/her physician.

I have read the instructions on page 1 that clarify the medication administration procedures, and I assume the responsibilities indicated, I agree to release the City of Takoma Park, its agents and employees, from all liability from this authorization.

I understand that I must collect any unused medication no later than one week after the program ends, or the Recreation Department will discard the medication.

Parent Name (print): _____ Day Phone: _____

Parent/Guardian Signature: _____ Date: ____/____/____

3. Recreation Department Authorized Personnel (To be filled out by Program Director)

- ☐ I verify that Parts 1 and 2 of this document are properly completed, including the appropriate Signatures. (Note: The physician may complete his/her portion on a prescription pad or medical stationery.)
- ☐ I verify that the Recreation Department can accept the medication as specified by the physician in its original, properly labeled pharmaceutical container (i. e., with labeled measuring utensil for administering the medication if needed).

Program: _____

Program Director Signature: _____ Date: ____/____/____